Tajalle v. City of Seattle et al

Doc. 12

The Honorable Thomas S. Zilly

UNITED STATES DISTRICT COURT
WESTERN DISTRICT OF WASHINGTON
AT SEATTLE

JUAN TAJALLE, Plaintiff, vs. CITY OF SEATTLE, SEATTLE PUBLIC LIBRARY, OFFICER SAM 8, a.k.a. JOHN DOE #1, and JOHN DOE #2, Defendants.	No. C07 1509TSZ DECLARATION OF JEFFREY COWAN

I, Jeffrey Cowan, declare as follows:

1. I am one of the attorneys representing the City of Seattle, the Seattle Public Library, and the Doe defendants in this action. I am competent to testify to the truth of the following statements on the basis of personal knowledge.

2. Attached as Exhibit 1 is a copy of a Medical Incident Report, dated June 14, 2006, which I obtained from the Seattle Fire Department.

3. Attached as Exhibit 2 is a copy of a Claim for Damages filed by Juan Tajalle, together with a copy of the City of Seattle's denial of the claim.

Thomas A. Carr
Seattle City Attorney
600 Fourth Avenue, 4th Floor
P.O. Box 94769
Seattle, WA 98124-4769
(206) 684-8200

Dockets.Justia.com

I declare under penalty of perjury that the foregoing is true and correct.

DATED this 8th day of January, 2008, at Seattle, King County, Washington.

JEFFREY COWAN, WSBA #19205

Thomas A. Carr
Seattle City Attorney
600 Fourth Avenue, 4th Floor
P.O. Box 94769
Seattle, WA 98124-4769
(206) 684-8200

Seattle Fire Dept. Medical Incident Report

883138

1. INCIDENT NUMBER	2. PT #	3. STATE TRAUMA #	4. BLOOD / STUDY #	5. MEDIC NUMBER	6. MO. DAY YEAR
56120				—	06/14/06

7. INCIDENT ADDRESS: 1000 4 AVE

8. LOCATION ○ 1.Home ○ 2.Other Res. ● 3.Pub. Indoors ○ 4.Pub. Outdoors ○ 5.Nursing Home ○ 6.Clinic/MD Off. ○ 8.Other

9. SPECIAL LOCATION / EVENT ○ 1.Bridge ○ 2.Freeway ○ 3.Safeco Field ○ 4.Puget Snd ○ 5.Seattle Ctr ○ 6.Conv. Ctr ○ 7.Lake/ship canal ○ 8.UW Sports ○ 9.Other

PATIENT INFO

10. PATIENT NAME (LAST, FIRST): TAJALLE JUAN ○ No patient

11. AGE: 62 12. SEX ● M ○ F

13. PATIENT HOME ADDRESS (Include City, State, Zip if not in Seattle): 1420 WESTERN AVE #1203 ○ Seattle

14. PATIENT'S PHONE NO. ( )

15. DOB MDY: 01 25 44

16. RACE ○ 1.Cauc. ○ 2.Black ○ 3.Nat Am ○ 4.Asian ○ 9.Unk. ● 8.Other

17. HISPANIC ○ 1.Yes ○ 2.No ○ 9.Unknown

18. NEAREST RELATIVE NAME 19. ADDRESS 20. PHONE # ( )

21. RELATION 22. PHYSICIAN NAME 23. OFFICE OR HOSPITAL 24. ○ Group Health

25. MEDICAL PROBLEM ON ARRIVAL OF FIRST SFD UNIT
○ 1. Cardiac arrest - Heart ○ 5. Other cardiac problem
○ 2. Cardiac arrest - Other ○ 6. Respiratory arrest/non-cardiac
○ 3. Suspected MI ○ 7. Other non-cardiac problem
○ 4. Pulmonary edema Inc: cardiac arrest by trauma

26. ○ CARDIAC ARREST AFTER ARRIVAL OF FIRST SFD UNIT

27. MECH. / TYPE: FA1 / 150 ○ Suicide ○ Trauma ○ In shock ○ ETOH ○ Drug use

28. SFD CPR? ○ Y ● N

29. ○ IMPLANT DEFIB

30. CPR BEFORE SFD ARRIVAL BY: (Check all that apply) ○ Police ○ None ○ Bystander ○ Unknown ○ Dispatch Assist ○ Other
NAME PHONE
1. ( )
2. ( )

31. PATIENT IN CARDIAC ARREST ON OR AFTER ARRIVAL OF SFD ○ N/A - Trauma or Patient not in cardiac arrest

32. FIRST CARDIAC ARREST RHYTHM/STATE: ○ 1. VF ○ 4. V Tach ○ 2. Asystole ○ 5. Dead, Not Monitored ○ 3. EMD ○ 9. Unknown

33. AEO APPLIED Yes ○ No ○
34. AED SHOCK BEFORE MEDICS ON SCENE ○ ○
35. DEVICE NO.

36. WAS ARREST/COLLAPSE SEEN OR HEARD? ○ 1.Yes ○ 2.No ○ 9.Unk. WITNESSED BY:

37. IF WITNESSED, WAS THERE A DELAY TO CALL 911? ○ 1.Yes, delay ○ 9.Unk. ○ 2.No Delay ○ N/A

GLASGOW

38 EYE (Init / Hosp): ○ 1. None ○ 2. To Pain ○ 3. To Voice ● 4. Spontaneous (Init)

39 VERBAL (Init / Hosp): ○ 1. None ○ 2. Incomprehen ○ 3. Inappropriate ○ 4. Confused ● 5. Oriented (Init)

40. MOTOR RESPONSE (Init TO PAIN / Hosp): ○ 1. None ○ 2. Extension ○ 3. Flexion ○ 4. Withdrawal ○ 5. Purposeful ● 6. Obey Cmnd (Init)

TRAUMA

41 RESPIRATORY RATE (Init / Hosp): ○ 0. None ○ 1. 1-5 Min. ○ 2. 6-9 Min. ○ 3. > 29 Min. ○ 4. 10-29 Min.

42 SYSTOLIC BP (Init / Hosp): ○ 0. AT CAROTID ○ 1. 1-49mm Hg ○ 2. 50-75mm Hg ○ 3. 76-89mm Hg ○ 4. > 89mm Hg

49. POSTURAL BP BP HR: STD. / SIT. / SUP.

43. INITIAL (Init) GLASGOW COMA SCORE (A) (SUM CODES ABOVE) ○ 0. (3) ○ 1. (4-5) ○ 2. (6-8) ○ 3. (9-12) ● 4. (13-15)

44. HOSPITAL ARRIVAL (Hosp) GLASGOW COMA SCORE (○ 0. (3) ○ 1. (4-5) ○ 2. (6-8) ○ 3. (9-12) ○ 4. (13-15)

45. INITIAL TRAUMA CODE TOTAL (B) (SUM CODES ABOVE)

46. HOSP ARRIVAL TRAUMA CODE TOTAL (B) (SUM CODES ABOVE)

TRAUMA SCORE 47. INITIAL (A+B) 48. HOSPITAL (A+B)

50 PROCEDURES

● 1.Pt Exam ○ 2.Psychological ○ 3.Rescue ○ 31.Extrication ○ 4.Oral Air/BVM ○ 5.Oxygen ○ 6.Wound/Burn Care ○ 7.Reduction/Splint ○ 10.ECG Monitor ○ *12.12 Lead ECG/Trans

○ *13.Medication ○ *32.Anectine ○ *14.Morphine ○ *15.Diazepam ○ *33.Phenobarbital ○ *18.Peripheral IV ○ *19.IO Line ○ *20.Central Line ○ *22.IC Inj. ○ 23.S.P.O. Blood Run

○ *24.M.A.S. Trousers ○ *36.Shock - Medic (dfib/cvt) ○ *37.Shock by Medic Asys. ○ 27.Shock by NonSFD or ICD ○ *28.Endotracheal Intubation ○ *29.Cricothyrotomy ○ *30.Needle Thoracostomy ○ *34.Needle Cricothyrotomy ○ *35.External Pacemaker

Enter * proc. in the cell to right → PROC# EMS#

51. ACTION TAKEN (Mark all that apply) ● Medical Assistance ○ Pt gone or No Pt ○ Treatment Refused ○ Do Not Resuscitate ○ "NO CPR" Bracelet # ○ Exam Only, No Aid ○ Special Service

52. ACCIDENT INFO ○ 1.Lap belt ○ 2.Shoulder belt ○ 3.Lap/shldr belt ○ 4.Airbag only ○ 5.Airbag/belt ○ 6.Helmet ○ 7.Infant/child seat ○ 8.None used ○ 9.Unknown

53. 1ST EMS RESPONDER: ● 1.SFD ○ 2.Pvt. Amb ○ 3.ALNW ○ 4.Hosp/MD ○ 5.Mutual Aid ○ 8.Other

	54. UNIT ID	55. DISPATCH HR : MIN	56. ARRIVAL HR : MIN	57. IN-SERVICE HR : MIN
FIRST IN	L1	15.11	15:15	15:35
MEDIC ○ CG.		:	:	:

PATIENT TRANSPORT 58. TRAN TO 28 59. TRAN BY 51

60. BEGIN TRANS (HR:MN) 61. HOSP ARRIVAL (HR:MN) 62. AMB RESPONSE (MINS)

63. HOSPITAL RECEIVING DEPT ○ 1.ER ○ 3.Other Dept ○ 2.CCU/ICU ○ 9.Unknown ○ N/A, Including Morgue

64. RESPONSE LEVEL: SERVICE / AID / MEDIC — INITIALLY DISPATCHED ○ 1. ● 2. ○ 3. FINALLY REQUIRED ○ 1. ● 2. ○ 3.

65. CONDITION 1.ALIVE 2.DEAD — ON ARRIVAL ● ○ ON RELEASE ● ○

66. TIME EXTRICATED

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EXHIBIT 1

67. INCIDENT NUMBER	68. PT. #	69. DR. CONTACT ○ 1.Yes ○ 2.No	70. TIME DR. CONTACTED	71. NAME OF DOCTOR
5 6 1 2 0		BY ○ 1.Phone ○ 2.Radio ○ 3.Direct		1. 2.

883138

72. TIME →										
MENTAL STATUS										
PULSE RATE										
BLOOD PRESSURE										
RESPIRATIONS										
PUPILS										
RHYTHM (ECG)										
HEART RATE (ECG)										
OXYGEN										
DC SHOCK (JOULES DELIVERED)										
BICARBONATE (mEq										
EPINEPHRINE										
LEVOPHED (NOREPINEPHRINE)										
LIDOCAINE										
MORPHINE										
ATROPINE										
TEMPERATURE										
STUDY DRUG										

FLOW CHART

73. IV SITE ○ Arm ○ Subclavian ○ Int. Jug ○ Other
74. IV GAUGE #1 #2 75. FLUID TYPE & AMOUNT #1 #2

79. VITAL SIGNS ON ARRIV. OF 1st SFD UNIT: BP 180 / PALP ● | Pulse 124 | Resp. 18 | Time 1520

77. ALLERGIES? USE NARRATIVE ○ 1.Yes ○ 2.No ● 9.Unk
78. PATIENT MEDICATIONS? ○ 1.Yes ○ 2.No ● 9.Unk

80. TRAUMA TRIAGE CRITERIA: ○ SBP<90 ○ Pent Inj ○ Flail chest ○ Death-same car ○ Eject from veh ○ Intoxicants ○ Med ill ○ RR<10or>29 ○ Spinal Inj ○ Amputation ○ Fall >20ft ○ Gut feel ○ Hostile Environ ○ Rollover ○ GCS<13 ○ Burns >20% ○ >1 Prox LBF ○ PV >20mph ○ ≤12 or >60 yrs ○ Preg >3 mos

82. CHEST PAIN CHECKLIST
Pt. Evaluated for Chest Pain? ○ 1.Yes ○ 2.No
MARK WITH "X" IF YES:
○ Ongoing heart pain
○ 12-lead ECG done
○ ECG received by doctor
○ Pain >15 min & <12 hrs
PAIN BEGAN :
BP RT ARM /
BP LT ARM /
MARK IF HISTORY OF:
Stroke, Seizures, Brain Surgery, Head Trauma ○
Central Lines < 2 Wks; or Trauma < 2 Wks; ○
Previous Thrombolytic Rx ○
Takes Warfarin, Coumadin ○
Known Bleeding Problems ○
GI Bleed in Last 2 Months ○
Surgery in Last 2 Months ○
Jaundice, Hepatitis, Kidney Failure ○
Terminal Illness ○
○ Meets criteria for transport to hospital with cath lab (extensive anterior MI or shock or bp<90)
○ ASA (5gr) Given

81. NARRATIVE: SUBJECTIVE (CHIEF COMPLAINTS) OBJECTIVE (PT. EXAM) ASSESSMENT (IMPRESSION) PLAN (THERAPY)

S 62 y/o ♂ c/o pain to (R) shoulder
Pt hx high BP
Pt unk meds

O Pt found conscious & resp lying in doorway of bldg
Pt vitals stable, Pt BP 180/P, HR 124, Resp 18 Pt LOC Pt alert oriented x 3
Pt c/o pain to (L) shoulder

A Pt was squeezed in closing door of library
Pt no obvious injury to shoulder
Pt had previous injury to (L) shoulder

P Pt exam Pt transported to ~~[illegible]~~ VA via AMR for further tx/evaluation.

SIGNATURE OF PERSON COMPLETING NARRATIVE REPORT: ○ Student

83. MEDIC PERSONNEL	84. SIGNATURE OF PERSON IN CHARGE	85. SFD ID #
1. 2.	Lt. [illegible signature]	0946

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F20b - Rev 2/01

NOTE:
Type or Print Legibly.
See instructions on back.

City of Seattle
CLAIM FOR DAMAGES

CITY USE ONLY
CLAIM NUMBER C78107
DATE FILED 1-19-07

CLAIMANT NAME (FIRST - M. - LAST OR BUSINESS NAME) Juan Tajalle

HOME ADDRESS (NUMBER - STREET - CITY - STATE - ZIP) P.O. Box 21439, Seattle, WA. 98111

HOME PHONE

BUS. PHONE

ACCIDENT/LOSS DATE June [illegible], 2006 ? TIME 1:30 p.m.

LOCATION/SITE BE VERY SPECIFIC: STREETS, ADDRESSES, etc.
Seattle Pblc Libry 1000 Fourth Av. Seattle, WA. 98104-1109

DIAGRAM
Use if this will help you locate or describe what happened

FILED
CITY OF SEATTLE
JAN 19 PM 4:54
CITY CLERK

WHAT HAPPENED DESCRIBE IN YOUR OWN WORDS HOW THIS LOSS OCCURRED AND WHY YOU BELIEVE THE CITY IS RESPONSIBLE.
Officer late identified as SAM8, tried to provoke a fight (verbal altercation). He was with with a Phillipino who was also verbally abusive. They then decided to escort me out. I told them I was disabled and tried to explain to him I could not get through revolving door and got trapped. I fell to floor & was injured

CITY DEPT?

CITY EMPLOYEE(S)?

CITY

VEHICLE NUMBER, LIC., etc.

WAS YOUR PROPERTY (home, auto, personal property) **DAMAGED?** Tens Unit

☒ YES ☐ NO IF SO, THEN FULLY DESCRIBE - SUCH AS AGE, MAKE MODEL, CONDITION, VALUE, OR EXTENT OF DAMAGE.
Tens Unit (An electronic vibrator unit that relieves pain in Right Shoulder), CD Player damaged ($50) Headphones ($40) Radio Cassette Player $70

WERE YOU INJURED? ☐ YES ☐ NO IF *YES*, THEN COMPLETE THE FOLLOWING:

DESCRIBE YOUR INJURY (IDENTIFY YOUR DOCTOR(S)) Reinjury to arm, causing a lot pain. My back got twisted out of shape. I had preexisting condition on back

DATE OF BIRTH 1-25-44

WAGE LOSS ☐ YES ☒ NO IF *YES*, THEN RATE OF PAY ——

KIND OF WORK ——— EMPLOYER ———

AMOUNT CLAIMED IF UNKNOWN, THEN ENTER "UNKNOWN" $ Unknown

SIGNATURE OF CLAIMANT (AND TITLE, IF A BUSINESS)

I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

EXECUTED this 19th day of January, 2007

at King County, Washington.

[signature] Juan Tajalle

CS 19.10 REV. 6/04

EXHIBIT 2

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City of Seattle

Gregory J. Nickels, Mayor

Department of Executive Administration
Fred H. Podesta, Acting Director

March 9, 2007

Juan Tajalle
P.O. Box 21434
Seattle, WA 98111

RE: Claim #: C78107
Date of Loss: June 14, 2006
Location: Central Library

Dear Mr. Tajalle:

I have completed the investigation into the claim for damages you filed against the City of Seattle.

The Seattle Public Library reports the injury you are claiming happened when you were asked to leave the library, were following a security officer out of the building and attempted to step into the same one-person leaf of the revolving door that the officer was in. Your backpack was then caught between the door and the frame.

At the time of your incident the doors were functioning properly and were free of defects. The revolving door in question has a built-in break-away safety feature designed to prevent patrons from becoming trapped in the doors. That feature was functioning properly at the time of your incident. The ground was clean and not wet or slippery in any way.

Your injuries are unfortunate. However, the City cannot pay a claim unless there is negligence on the part of the City. In this case, security personnel acted appropriately and the door was free of defects and performed as designed. In the absence of negligence on the City of Seattle, we must respectfully decline payment of your claim.

Sincerely,

Tanya Crites
Sr. Claims Adjuster
Risk Management

TC:s
CC SPL

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